

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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RECEIVED APR - 9 2009

From:

: IAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 Phone : (305)552-5973

: (305)220-1440 Fax Number

FLORIDA PROFIT/NON PROFIT CORPORATION

USEME INC

Certificate of Status Certified Copy 03 Page Count Estimated Charge \$78.75

Electronic Filip

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY

ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

09 APR -9 AM 9: 03
SECRETARY OF STATE
TALL AHASSEE, FLORIDS

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

USEME INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

5935 SW 102 AVE MIAMI FL 33165

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

CALIXTO GARCIA 5935 SW 102 ANE MIAMI FL 33165 H09000084983

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

CALIXTO GARCIA 5935 SW 102 AVE MIAMI FL 33165

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS
DAY OF ADD 2000

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

CALIXTO GARCIA - PRESIDENT ALFREDO GONZALIEZ - VICE-PRESIDENT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO AGT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETED PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSSED AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

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